

NEWBORN CRISIS ASSESSMENTS AND SERVICES

Missouri law in Chapter 191, RSMo emphasizes the coordination of services between the Children's Division (CD), Department of Health and Senior Services (DHSS), and the Department of Mental Health (DMH) to ensure thorough assessments are conducted and appropriate services are implemented for women and children. This multi-agency alliance offers a cohesive, comprehensive approach that includes substance abuse evaluation, care/treatment and education for women with children.

Evaluation - In most instances, CD receives a Newborn Crisis Assessment referral, via the Child Abuse/Neglect Hotline Unit (CANHU), from the physician or health care provider, who requests CD to conduct an assessment to determine the caretakers' suitability to care for an infant, or provide protective services as directed by a physician. Newborn Crisis Assessment referrals are categorized as drug exposed or non-drug involved, based on reported concerns. Non-drug involved Newborn Crisis Assessment referrals are made by physicians and other medical professionals who have serious concerns about releasing an infant from the hospital to a mother who has issues that preclude her from being able to care for the infant at home. The infant may have medical problems that the physician/health care provider feels puts the infant at significant risk upon release from the hospital. These referrals are accepted for children up to one year of age. Drug-involved Newborn Crisis Assessments are referrals made by a physician/health care provider, which contain allegations, medical documentation of signs/symptoms of substance/alcohol exposure in the infant at birth, or a confirmed toxicology test for controlled substances performed at birth on mother and/or infant. During the fiscal year (FY) 2001, the Division received 1,492 referrals from physicians or health care providers for Newborn Crisis Assessments. In FY 2002, that number rose to 1,735, in FY 2003, 1,799 and in FY 2004, there were 2,033 reported Newborn Crisis Assessments.

Missouri law does not specify the content of a full assessment of substance abuse and perinatal exposure conducted by CD, therefore distinct differences have existed in the way local offices and circuit courts have implemented the requirements of Chapter 191, RSMo. Due to these discrepancies, CD identified a need to develop more standardized policy and guidelines for the completion of Newborn Crisis Assessments, emphasizing assessment of safety, risk and child well-being. The enhanced Newborn Crisis Assessment guidelines assist CD in reporting to Juvenile Court the impact of substance abuse on the infant/mother/family; the strengths and needs assessed; and services provided to the family. Policy revisions include a *Newborn Crisis Assessment Tool*, derived from tools developed first in Jackson County and then a revised version implemented in the St. Louis City/St. Louis County Areas. The Structured Decision Making (SDM) safety assessment used in assessing safety during investigations and family assessments have been added to the Newborn Crisis

Assessment process in order to assist staff in determining whether children are safe in their homes or to devise safety interventions that allow them to remain in their homes.

Care and Treatment - Following the completion of the Newborn Crisis Assessment, CD coordinates services with the DHSS and DMH. Service Coordinators in DHSS's Bureau of Special Health Care Needs would provide health and developmental screenings throughout their involvement with the family. DMH and DHSS provide drug treatment services for the substance abusing parent, as well as the family.

Education - DHSS, DMH, Department of Elementary and Secondary Education (DESE), and CD provide a non-punitive system of educational and treatment services related to the prenatal consumption of alcohol and other drugs. This inter-departmental effort is known as the Perinatal Substance Abuse Advisory Council. This council meets quarterly to discuss issues related to the needs of the drug-exposed infant, substance abusing pregnant women, assessment process, training, accessing available resources, legislative, and policy changes.